

PASSPORT

USER MANUAL



This manual was created for the Illinois Department of Healthcare and Family Services (HFS)'s Non-Emergency Transportation Services Prior Authorization Program (NETSPAP).


Created and Revised by: **First**  **Transit**

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A. INTRODUCTION TO PASSPORT

PassPORT is a free web-portal developed by First Transit for use with the Non-Emergency Transportation Services Prior Authorization Program of Illinois, directed by HFS, the IL Department of Healthcare and Family Services.

PassPORT enables LTC Facilities, Dialysis Centers, and NET Providers to view the approved, denied, and pending requests as stored in the ADEPT prior authorization system. Providers can also submit Single Trips and Standing Prior Authorizations (SPAs) online.

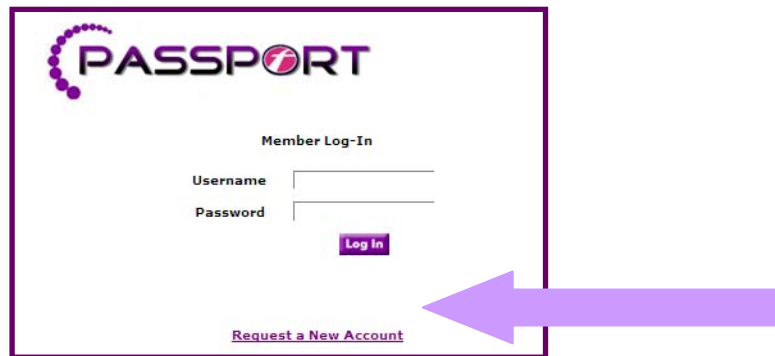
The purpose of this document is to educate you, the User, on the Log In procedures and features of PassPORT. Note, however, that information displayed through this web portal – even prior authorization, does not guarantee payment by IDPA/HFS.

PassPORT is available 24 hours a day, 7 days a week, and there is no limit on the amount of transactions allowed. In order to function properly, you will need high-speed access to the Internet (DSL, Cable modem, or T-1 line) and an Internet browser (such as Internet Explorer, Mozilla Firefox, etc).

B. CREATING A NEW ACCOUNT

If you do not yet have a PassPORT account, follow the steps below to create one.

1. Click on the “Request a New Account” link.



2. Enter the information requested. Once you select a Provider type, you will be asked to provide your Medicaid Provider ID. This is the 12-digit number you use to bill IL Medicaid.

PassPORT Account Request

Enter your first and last name: First Last
JANE DOE

Enter your most direct phone number: 999 123 4567

Enter your email address (please check spelling): JANE.DOE@PROVIDER.NET

Select your Provider type: Select an Account Type
DCPIS
CHS
Dialysis Center
HPS
LTC
NET Provider

Submit request

PassPORT Account Request

Enter your first and last name: First Last
JANE DOE

Enter your most direct phone number: 999 123 4567

Enter your email address (please check spelling): JANE.DOE@PROVIDER.NET

Select your Provider type: Dialysis Center

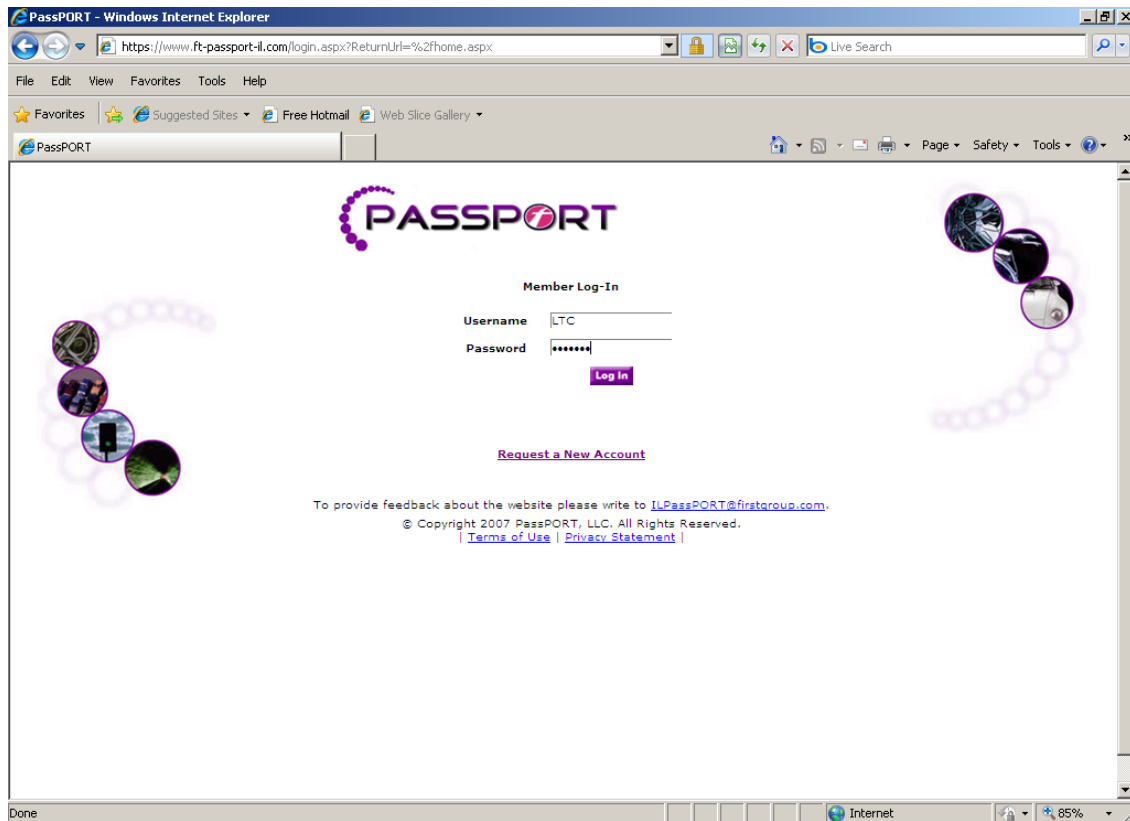
Enter a Medicaid Provider ID: 111111111111

Submit request

3. Click on the “Submit request” button. You will receive instructions by email.

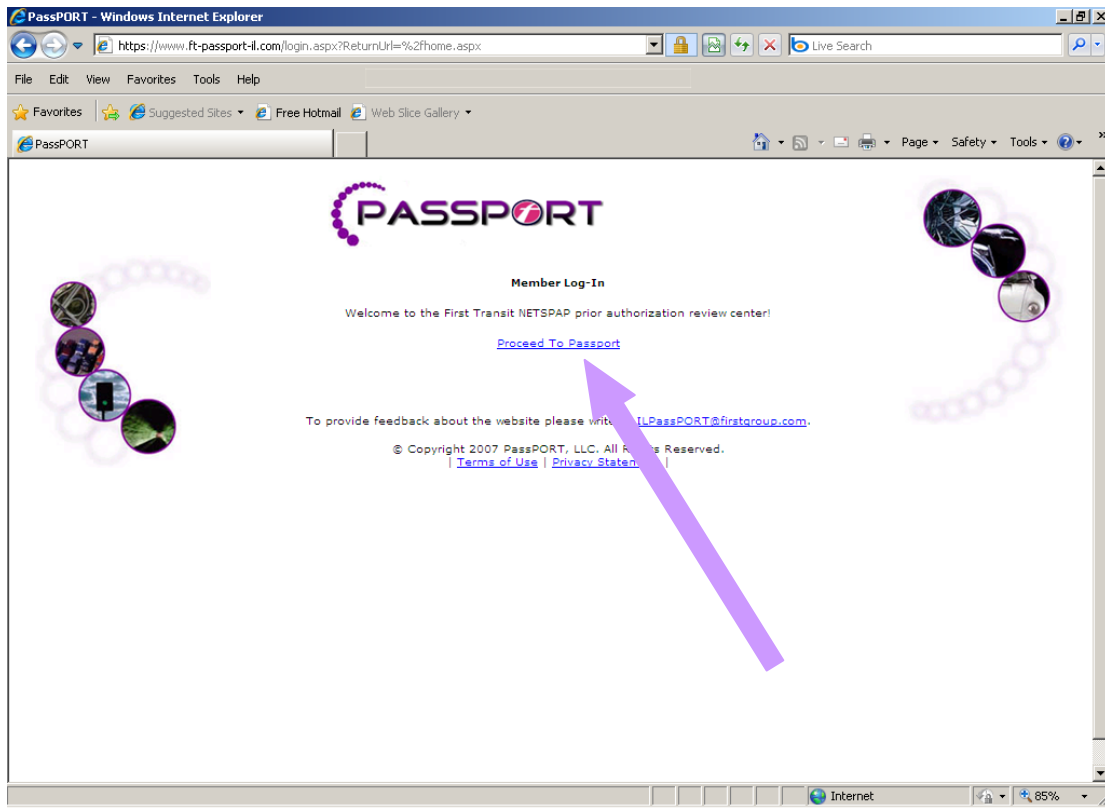
C. LOG IN INSTRUCTIONS

1. Open a web browser window.
2. Go to www.ft-passport-il.com.
3. Enter your Username and Password, and click on the “Log In” button.

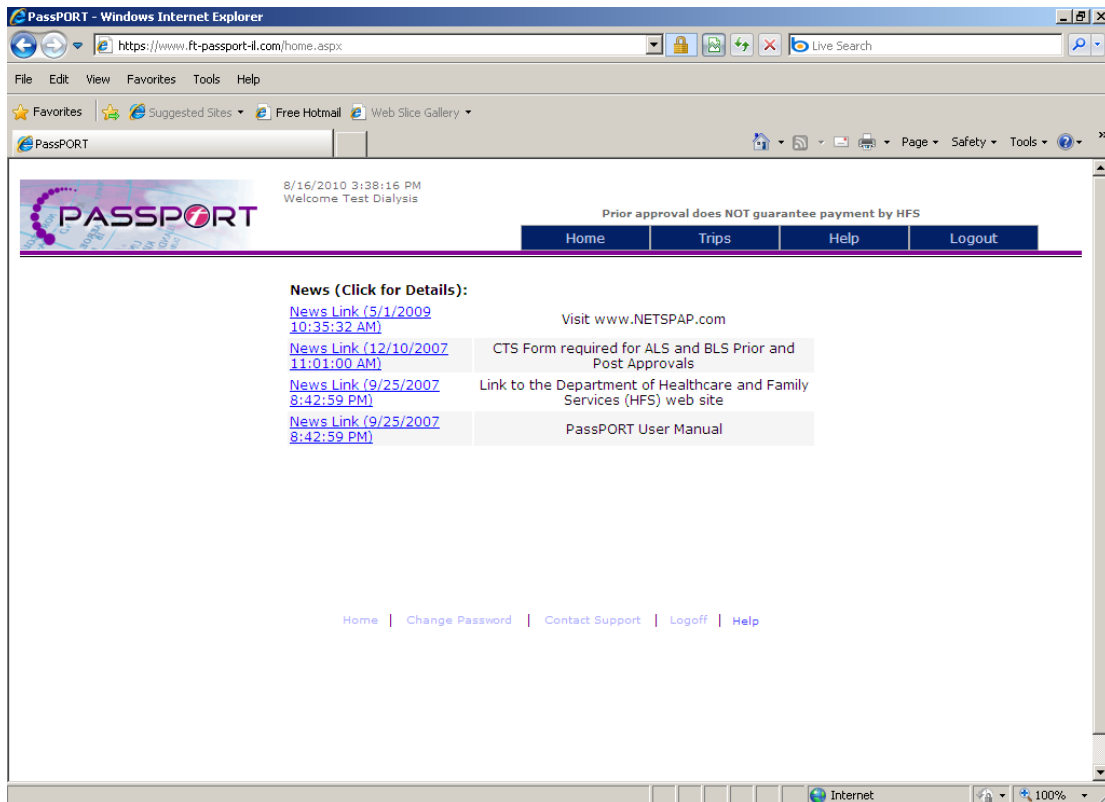


The first time you log on to PassPORT, and before you can continue, you will be asked to review the Terms of Use and validate your acceptance.

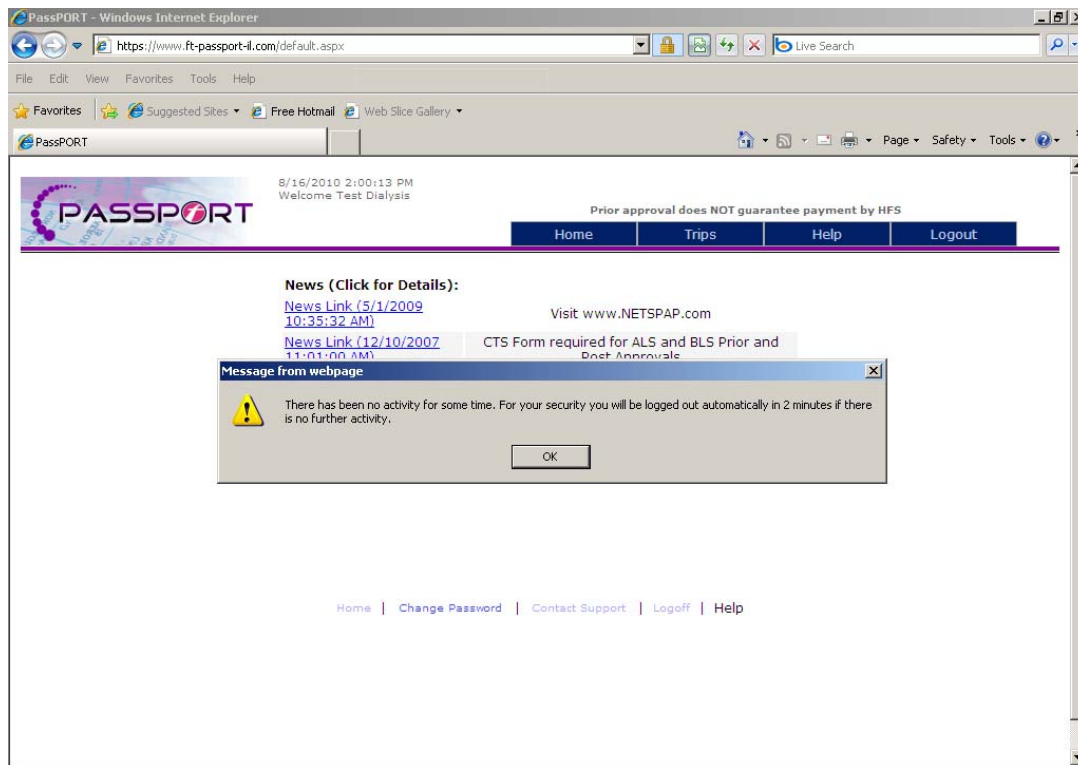
A successful attempt will bring you to the following welcome screen. Click on the “Proceed to Passport” link.



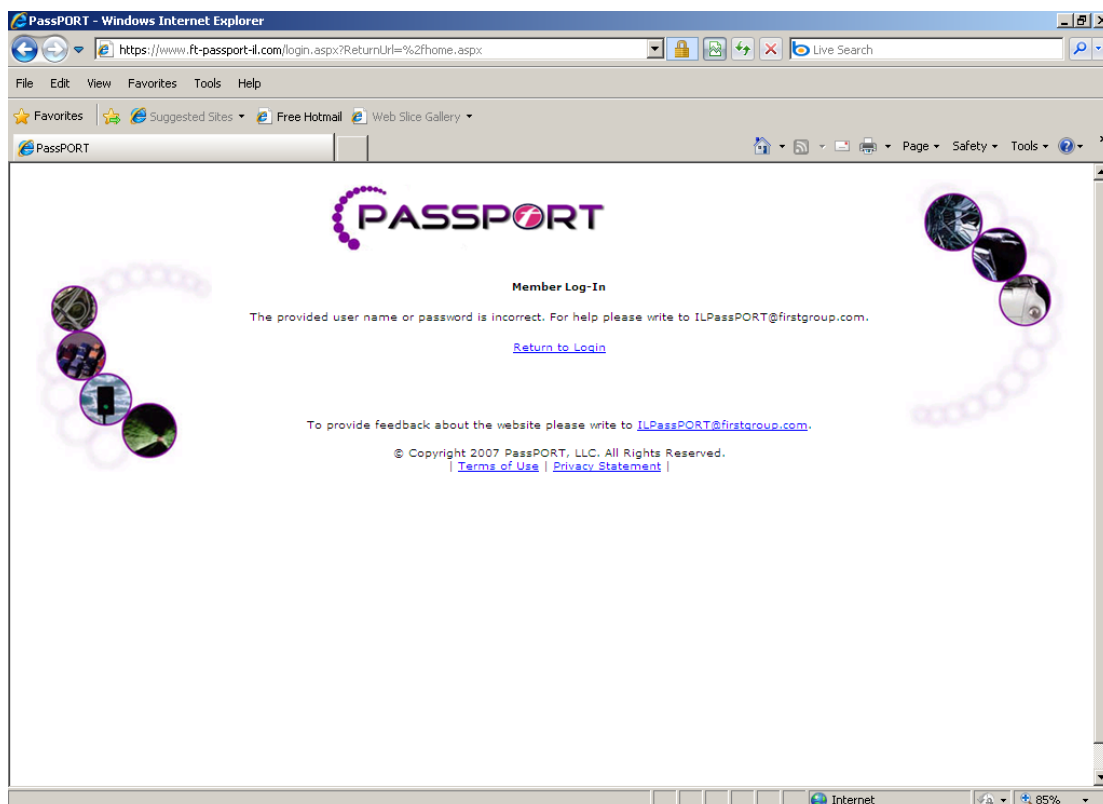
You will be brought to the Home Page.



(Note, if there is a period of inactivity, PassPORT will log you out of the system.)

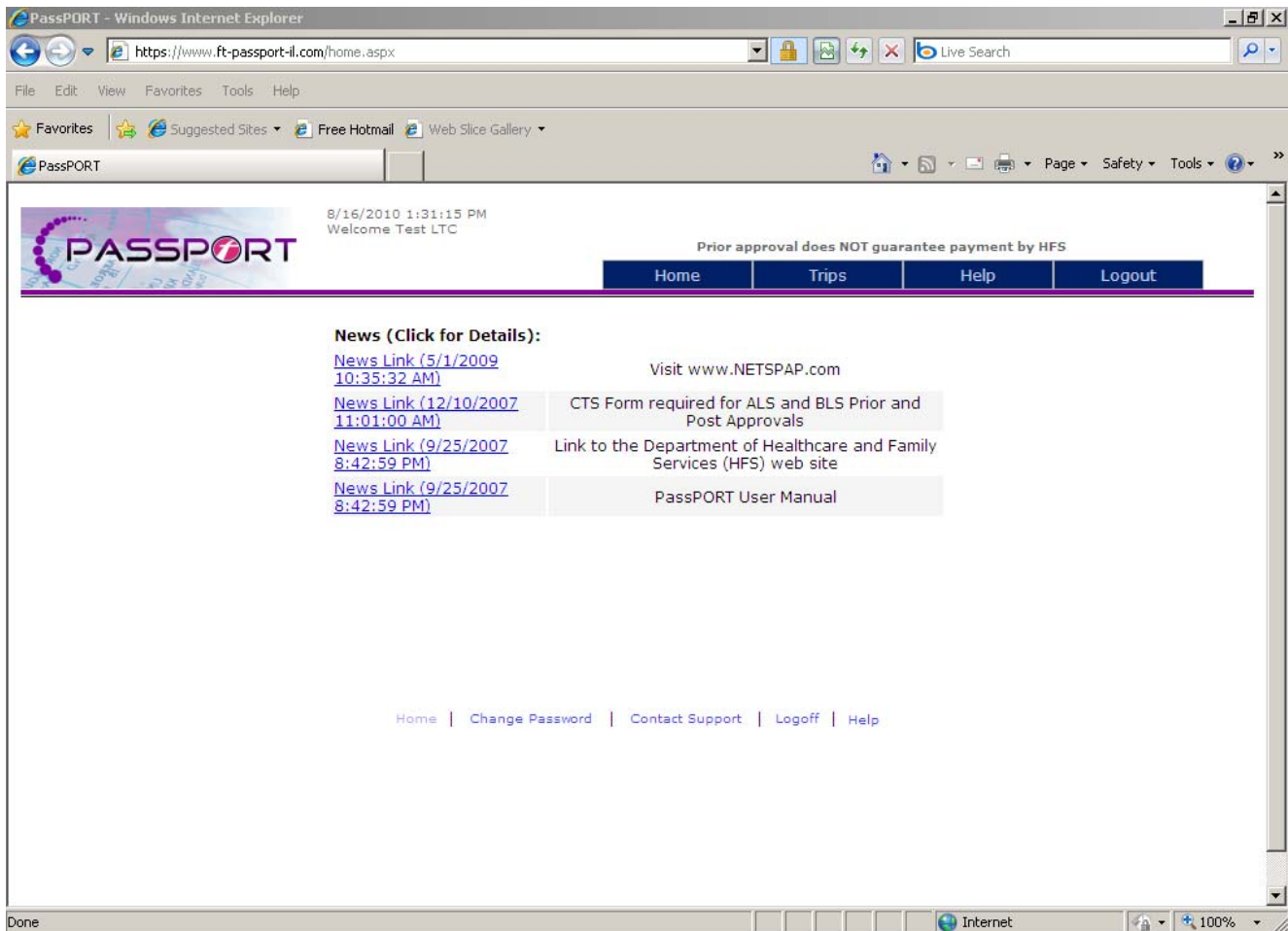


An unsuccessful attempt will bring the following screen. Click on the “Return to Login” link to try again, or if you have forgotten your Password or require any further assistance, send an email message to ILPassPORT@firstgroup.com.



D. THE HOME PAGE

The Home page contains links to the latest news, policy updates, HFS, and the PassPORT User Manual. (For additional info, visit www.netspap.com)

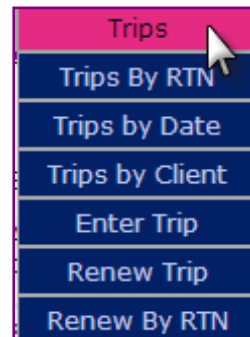


E. SEARCH TRIPS

The Trips tab at the top of the Home page gives you the following viewing options; *Trips by RTN*, *Trips by Date*, or *Trips by Client*. Dialysis Users will also see the *Renew Trip*, and *Renew by RTN* options.



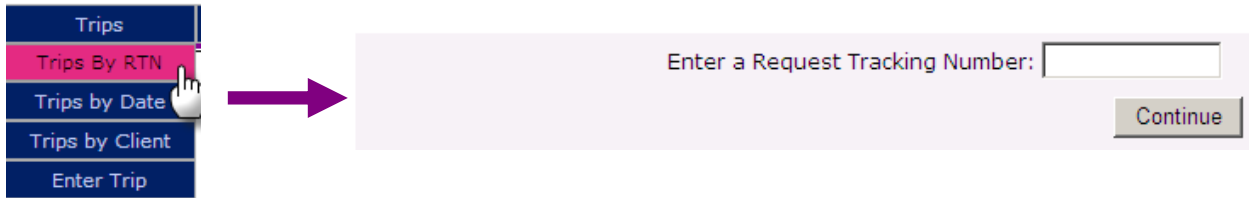
NET Providers &
LTC Facilities



Dialysis Centers

TRIPS BY RTN

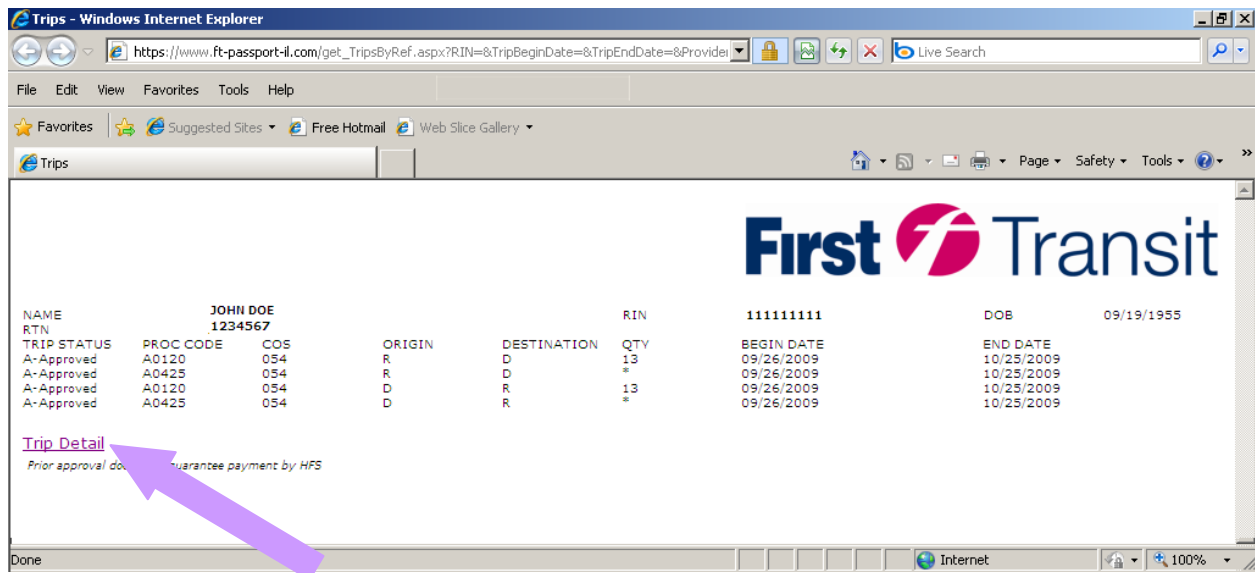
The Trips by RTN screen allows you to look up a single request by its Request Tracking Number (RTN), an all-numeric number assigned by First Transit to the request when it was first entered into the system. Please note that NET Providers will only be able to see those requests assigned to their specific NET Provider Medicaid ID.



The image shows a vertical menu on the left with the following options: Trips, Trips By RTN (highlighted with a mouse cursor), Trips by Date, Trips by Client, and Enter Trip. A purple arrow points from the 'Trips By RTN' option to a form on the right. The form has a label 'Enter a Request Tracking Number:' followed by a text input field and a 'Continue' button.

Once in the Trips by RTN page, enter the RTN in the “Enter a Request Tracking Number” field, and click on the “Continue” button.

The Billing Detail screen will open in a different window. It will display all trips matching the RTN entered. See Appendix A for instructions on how to read this screen.

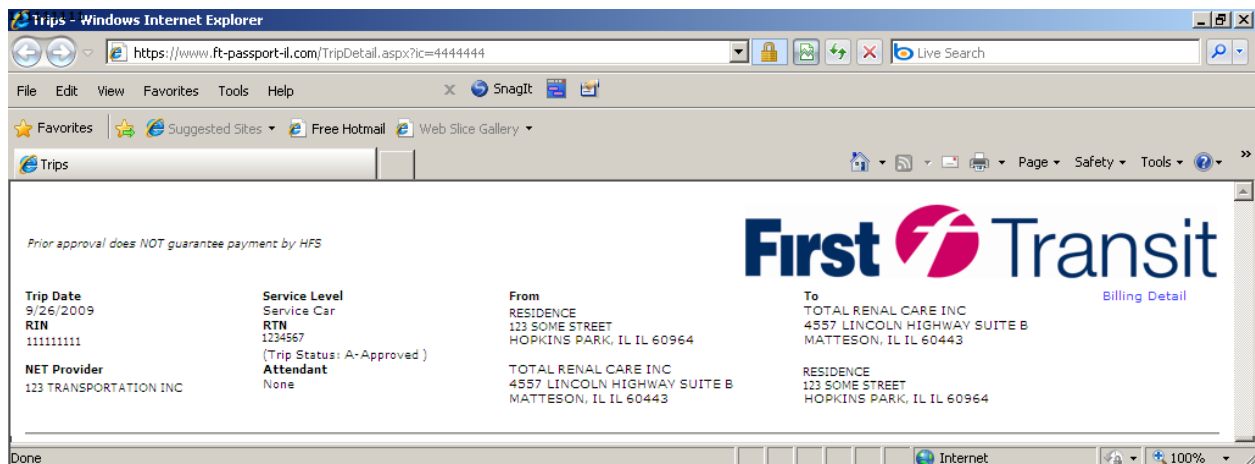


The screenshot shows a web browser window titled 'Trips - Windows Internet Explorer' displaying the First Transit website. The page shows search results for a specific RTN. A purple arrow points to the 'Trip Detail' link.

NAME	JOHN DOE	RIN	111111111	DOB	09/19/1955
RTN	1234567				
TRIP STATUS	PROC CODE	COS	ORIGIN	DESTINATION	QTY
A-Approved	A0120	054	R	D	13
A-Approved	A0425	054	R	D	13
A-Approved	A0120	054	D	R	13
A-Approved	A0425	054	D	R	13

[Trip Detail](#)
Prior approval does NOT guarantee payment by HFS

Clicking on the “Trip Detail” link will open the Trip Detail screen in a different window. See Appendix B for instructions on how to read this screen.



The screenshot shows a web browser window titled 'Trips - Windows Internet Explorer' displaying the First Transit website. The page shows the details of a specific trip. A purple arrow points to the 'Billing Detail' link.

Trip Date	Service Level	From	To
9/26/2009	Service Car	RESIDENCE	TOTAL RENAL CARE INC
RTN	RTN	123 SOME STREET	4557 LINCOLN HIGHWAY SUITE B
111111111	1234567	HOPKINS PARK, IL IL 60964	MATTESON, IL IL 60443
NET Provider	(Trip Status: A-Approved)	TOTAL RENAL CARE INC	RESIDENCE
123 TRANSPORTATION INC	Attendant	4557 LINCOLN HIGHWAY SUITE B	123 SOME STREET
	None	MATTESON, IL IL 60443	HOPKINS PARK, IL IL 60964

[Billing Detail](#)

To print these or any other screens click on “File” on the Internet Explorer Menu, “Print”, and “OK”. The screen will print in the default printer. Screens can be closed at any time by clicking on the “X” button in the upper right hand corner.

TRIPS BY DATE

The Trips by Date screen allows you to look up trips for a single date or date range. Please note that NET Providers will only be able to see the requests assigned to their specific NET Provider Medicaid ID.

Once in the Trips by Date page, do the following:

1. *Select a Trip Type.* The available options are “Standing Orders”, “Single Trips”, or “All”.

2. *Enter the Begin Date for the Trips to Review.* The date can be entered manually or through the date selection pull-down box. Searches are limited to one calendar week.

3. *Enter the End Date for the Trips to Review.*

4. *Select a Trip Status.* The available options are “Approved”, “Denied”, or “All”. Clicking “All” will show all approved, denied, and trips pending HFS authorization.

5. *Click on the “Continue” button.*

A comprehensive Trip Detail screen will open in a different window. The trip information is displayed in ascending RTN order. This means that the “oldest” RTNs will be listed first. This feature should assist you in identifying RTNs that may have previously been approved, but are now denied. Requests in a “*Pending*” status are reported at the end of the *Denials*.

See appendix B for further instructions on how to read a Trip Detail screen.

First Transit

Trip Date	Service Level	From	To						
9/1/2010 RIN 111111111 Recipient Name CYNTHIA DOE	Service Car RTN 11111111 (Trip Status: A-Approved) Attendant None	RESIDENCE 123 SOME STREET CHICAGO, IL IL 60617 MEDICAL SERVICE 1111 E 87TH STREET SUITE 700 CHICAGO, IL IL 60619	MEDICAL SERVICE 1111 E 87TH STREET SUITE 700 CHICAGO, IL IL 60619 RESIDENCE 123 SOME STREET CHICAGO, IL IL 60617						
Prior approval does NOT guarantee payment by HFS									
8/27/2010 RIN 222222222 Recipient Name WILLIAM DOE	Medicar Transportation RTN 22222222 (Trip Status: A-Approved) Employee	RESIDENCE 123 SOME STREET CHICAGO, IL IL 60637 MEDICAL SERVICE 1111 E 87TH STREET 700 CHICAGO, IL IL 60619	MEDICAL SERVICE 1111 E 87TH STREET 700 CHICAGO, IL IL 60619 RESIDENCE 123 SOME STREET CHICAGO, IL IL 60637						
Prior approval does NOT guarantee payment by HFS									
8/7/2010 RIN 333333333 Recipient Name JESSICA DOE	Service Car RTN 33333333 (Trip Status: A-Approved) None	RESIDENCE 123 SOME STREET CHICAGO IL 60609 MEDICAL SERVICE 1111 E 87TH ST CHICAGO IL 60619	MEDICAL SERVICE 1111 E 87TH ST CHICAGO IL 60619 RESIDENCE 123 SOME STREET CHICAGO IL 60609						
Prior approval does NOT guarantee payment by HFS									
<table border="1"> <thead> <tr> <th>Trip Date</th> <th>Service Level</th> <th>CANCELLED/DENIED</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Trip Date	Service Level	CANCELLED/DENIED			
Trip Date	Service Level	CANCELLED/DENIED							

TRIPS BY CLIENT

The Trips by Client screen allows you to search for a particular Recipient ID Number (RIN), the 9-digit number assigned by HFS to the Participant.

Enter a Recipient ID Number:

Select a Trip Type:

Enter Begin Date (mm/dd/yyyy):

Enter End Date (mm/dd/yyyy):

Select a Trip Status:

Approved ☒ Denied ☐ All ☐

Once in the Trips by Client screen, do the following:

1. Enter the Recipient ID Number.

Enter a Recipient ID Number:

2. Select a Trip Type. The available options are “Standing Orders”, “Single Trips”, or “All”.

Select a Trip Type: Standing Orders

3. Enter the Begin Date of the trip(s) to review. The difference between begin date and end date cannot exceed 31 days.

Enter Begin Date (mm/dd/yyyy):

4. Enter the End Date of the trips(s) to review.

Enter End Date (mm/dd/yyyy):

5. Select a Trip Status. The available options are “Approved”, “Denied”, or “All”.

Select a Trip Status: Approved Denied All

6. Click on the “Continue” button.

Continue

The Billing Detail screen will open in a different window. See appendix A for instructions on how to read this screen.

First Transit

NAME JOHN DOE RIN 1111111111 DOB 07/21/1940
RTN 1234567

TRIP STATUS	PROC CODE	COS	ORIGIN	DESTINATION	QTY	BEGIN DATE	END DATE
P-Pending	A0130	052	R	D	79	08/19/2010	02/17/2011
P-Pending	A0425	052	R	D	79	08/19/2010	02/17/2011
P-Pending	A0130	052	D	R	79	08/19/2010	02/17/2011
P-Pending	A0425	052	D	R	79	08/19/2010	02/17/2011

[Trip Detail](#)

Disclaimer: The trip that you submitted is presently neither approved nor denied. You may use this RTN to check the status of your submitted request through PassPORT. The RTN may be used for billing only when the trip is displayed with Approved status.

NAME JOHN DOE RIN 1111111111 DOB 07/21/1940
RTN 1234570

CANCELLED/DENIED
REASON: Data entry error

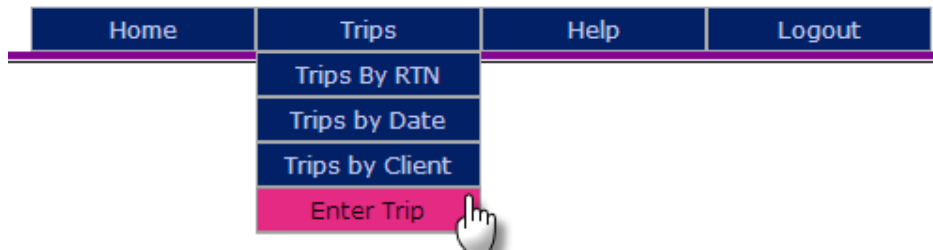
TRIP STATUS	PROC CODE	COS	ORIGIN	DESTINATION	QTY	BEGIN DATE	END DATE
D-Denied	A0130	052	R	D	79	08/19/2010	02/17/2011
D-Denied	A0425	052	R	D	79	08/19/2010	02/17/2011
D-Denied	A0130	052	D	R	79	08/19/2010	02/17/2011
D-Denied	A0425	052	D	R	79	08/19/2010	02/17/2011

[Trip Detail](#)

Prior approval does NOT guarantee payment by HFS

F. ENTER TRIPS

Use the Enter Trip screen used to enter Single Trip and Recurring/Standing Prior Authorization requests.



STEP 1 PAGE

Step 1			
Requesting Person's Name	Test Dialysis	Requesting Organization	Test Dialysis Account
Recipient Identification Number (RIN)		Callback Phone	
Participant's First Name		Participant's Last Name	
Trip Frequency <input type="radio"/> Single <input checked="" type="radio"/> Recurring		Trip Type <input checked="" type="radio"/> One-way <input type="radio"/> Round trip	
From Date	<input type="text" value="(mm/dd/yyyy)"/>	Appointment Time	<input type="text" value="Select Hour"/> <input type="text" value="Select Minute"/>
To Date	<input type="text" value="(mm/dd/yyyy)"/>		
Appointment Days	<input type="checkbox"/> Su <input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa		Trip Reason <input type="text" value="STANDING ORDER-DIALYSIS"/>
<input type="button" value="Next >>"/>			

The “Requesting Person’s Name” and “Requesting Organization” fields are entered automatically with your account information; these fields are non-editable.

Step 1			
Requesting Person's Name	Test Dialysis	Requesting Organization	Test Dialysis Account
Recipient Identification Number (RIN)		Callback Phone	
Participant's First Name		Participant's Last Name	

Enter the “Callback Phone” field with the most direct phone number to reach YOU, the requesting user.


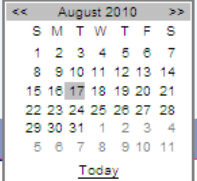
Step 1			
Requesting Person's Name	Test Dialysis	Requesting Organization	Test Dialysis Account
Recipient Identification Number (RIN)		Callback Phone	630 123 4567
Participant's First Name		Participant's Last Name	

Enter the “Recipient Identification Number (RIN)”, “Participant’s First Name”, and “Participant’s Last Name”. This information must be an exact match of the Recipient data in the HFS system.

Step 1

Requesting Person's Name	Test Dialysis	Requesting Organization	Test Dialysis Account
Recipient Identification Number (RIN)	123456789	Callback Phone	630 123 4567

Trip Frequency: ☒ Single ☐ Recurring

Trip Date:  

Trip Type: ☒ One-way ☐ Round trip


Appointment Time:


Trip Reason:

[Next >>](#)

Select the “Trip Type”. The options available are “One-way” (for example, a hospital admit or hospital discharge), and “Round trip” (going to an appointment and back).

Trip Frequency: ☒ Single ☐ Recurring

Trip Date: 
(mm/dd/yyyy)

Trip Type:  ☒ One-way ☐ Round trip

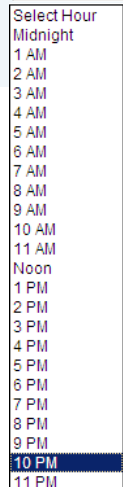
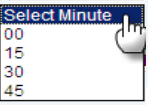
Appointment Time:

Trip Reason:

[Next >>](#)

Enter the time of the medical appointment by selecting from the hour and minute fields under “Appointment Time”. (For Round trip, also enter the approximate return time.)

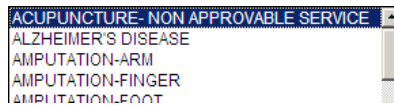
Appointment Time

On the “Trip Reason” pull-down menu, select the most appropriate diagnosis that pertains to specific medical appointment or visit. Pressing the first letter of the desired trip reason will take you to that selection on the menu.

If the specific diagnosis is not available, or to find out which is the best reason to use for a particular trip, email ilpassport@firstgroup.com.

Trip Reason:



Once you have filled in all fields, click on the “Next” button.



If any of the required information is missing you will see an error message in the bottom left hand corner of the screen. Correct the information before proceeding.

Step 1

Requesting Person's Name	Test Dialysis	Requesting Organization	Test Dialysis Account
Recipient Identification Number (RIN)	123456789	Callback Phone	630 123 4567
Participant's First Name	WILLIAM	Participant's Last Name	DOE

Client Name and RIN entered do not match those on file with First Transit; PLEASE contact the Provider Line at 1-866-503-9040 for further assistance in completing this online request.

Trip Frequency: ☒ Single ☐ Recurring

Trip Type: ☒ One-way ☐ Round trip

Trip Date: 09/16/2010 (mm/dd/yyyy)

Appointment Time: Select Hour 15

Trip Reason: HOSPITAL DISCHARGE

This client is ineligible based on the trip date(s). Invalid trip data

Next >>

ROUND TRIPS

Whenever you select “Round Trip” on the Trip Type, the screen will change to the shown below. Enter the hour and minute fields under the “Approximate Return Time”.

Trip Type: ☐ One-way ☒ Round trip

Appointment Time: Select Hour Select Minute

Approximate Return Time: Select Hour Select Minute

RECURRING TRIPS

Recurring trips are those single RTN requests going to the same medical facility 2 or more times per month. Whenever you select “Recurring” on the Trip Frequency, the screen will change to the shown below. Fill in the “From Date” (begin date), “To Date” (end date), and “Appointment Days” (Days of the week) fields to continue.

Requests 2 or 3 times per month should be submitted with a Single Trip Reason (for example “ORTHOPEDIC PROBLEM”). They will be processed as a Single Trip request.

Trip Frequency: ☐ Single ☒ Recurring

From Date: (mm/dd/yyyy)

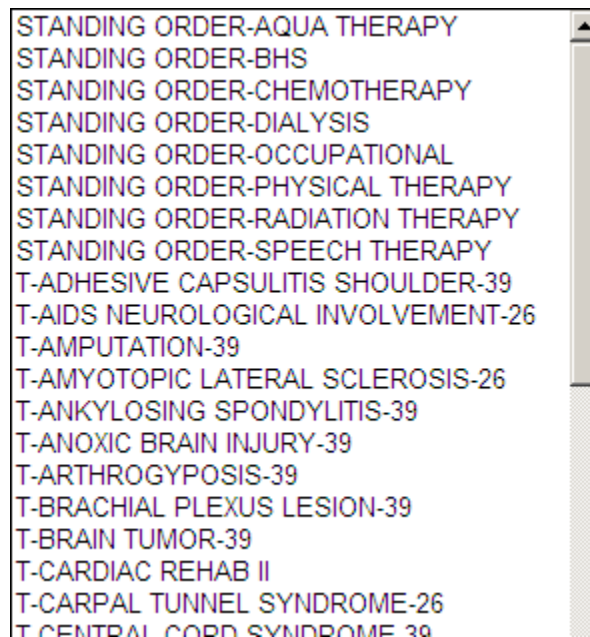
To Date: (mm/dd/yyyy)

Appointment Days: ☐ Su ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa

STANDING PRIOR AUTHORIZATION (SPA)

Recurring trips going 4 times or more per month to the same medical facility are considered and processed as Standing Prior Authorizations (SPAs).

If the SPA is for any of the below reasons, the appropriate SPA Trip Reason should be selected:



STANDING ORDER-AQUA THERAPY
STANDING ORDER-BHS
STANDING ORDER-CHEMOTHERAPY
STANDING ORDER-DIALYSIS
STANDING ORDER-OCCUPATIONAL
STANDING ORDER-PHYSICAL THERAPY
STANDING ORDER-RADIATION THERAPY
STANDING ORDER-SPEECH THERAPY
T-ADHESIVE CAPSULITIS SHOULDER-39
T-AIDS NEUROLOGICAL INVOLVEMENT-26
T-AMPUTATION-39
T-AMYOTOPIC LATERAL SCLEROSIS-26
T-ANKYLOSING SPONDYLITIS-39
T-ANOXIC BRAIN INJURY-39
T-ARTHROGYPOSIS-39
T-BRACHIAL PLEXUS LESION-39
T-BRAIN TUMOR-39
T-CARDIAC REHAB II
T-CARPAL TUNNEL SYNDROME-26
T-CENTRAL CORD SYNDROME 39

SPAs for any other therapy reasons begin with “T-“ and may be selected from the pull-down menu. If no appropriate reason is available, the request will have to be processed as a “Departmental Override” and has to be faxed to First Transit on a paper SPA form (forms are available at www.netspap.com).

Please note:

- Physical Therapy, Occupational Therapy, Speech Therapy, Aqua Therapy, and Group Psychotherapy) requests 2 or more times in a month are considered SPAs and will be processed as such.
- Recurring trips that are a continuation of a SPA will be processed as a SPA.

See appendix C to see Trip Reasons for a current list of Trip Reasons available on the Single Trips and Recurring Trips drop-down menus.

For any questions recurring trips and SPAs, or any other policies and procedures, please contact First Transit at the Provider line (866) 503-9040.

STEP 2 PAGE

Step 2			
	Location Name <input type="text" value="RESIDENCE"/>		Phone <input type="text" value="217-555-1212"/>
Pick Up Address	Street Number <input type="text" value="100"/>	Address <input type="text" value="CEDAR ST"/>	
	Suite/Apt/Bldg <input type="text"/>		
	City <input type="text"/> <input type="button" value="Search"/>	State <input type="text" value="IL"/>	Zip Code <input type="text" value="62246"/>
	<input type="text" value="GREENVILLE"/>		
Enter the first letter or two of the city name, then click "Search" to populate the selection box.		Origin Code	<input type="text" value="Select an Origin Code"/> <div> <input type="text" value="Select an Origin Code"/> RESIDENCE MEDICAL SERVICE PHYSICIAN HOSPITAL </div>
Is the recipient travelling to any other medical location on common appointment days? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Medical Provider Name	<input type="text"/>	Medical Provider's Most Direct Phone Number	<input type="text"/>
Destination Address	Location Name <input type="text"/>		
	Street Number <input type="text"/>	Address <input type="text"/>	
	Suite/Apt/Bldg <input type="text"/>		
	City <input type="text"/> <input type="button" value="Search"/>	State <input type="text"/>	Zip Code <input type="text"/>
	<input type="text"/>		
	Enter the first letter or two of the city name, then click "Search" to populate the selection box.	Destination Code	<input type="text" value="Select a Destination Code"/>
<div> <input type="button" value=" << Back"/> <input type="button" value=" Next >>"/> </div>			

The “Location Name”, “Phone”, and “Pick Up Address” fields all default to the Recipient’s information, based on HFS files. You may change this information if necessary.

Step 2			
	Location Name RESIDENCE		Phone 630 123 4567
Pick Up Address	Street Number 123	Address SOME STREET	
	Suite/Apt/Bldg 		
	City CHICAGO	State IL	Zip Code 60647
	<input type="text"/> Search Enter the first letter or two of the city name, then click "Search" to populate the selection box.		

If the Recipient is traveling on the same day to another medical appointment select “Yes” on the section shown below, and enter the details of the other medical transportation on the “Please indicate” field that will subsequently appear.

Is the recipient travelling to any other medical location on common appointment days? <input checked="" type="radio"/> Yes <input type="radio"/> No	Please indicate <input type="text"/>
---	---

If the Recipient is not traveling on the same day to another medical appointment leave “No” selected.

Is the recipient travelling to any other medical location on common appointment days? <input type="radio"/> Yes <input checked="" type="radio"/> No

Enter the “Medical Provider Name” (f.e. Dr. Williams) that the Recipient is being transported to as well as the “Medical Provider’s Most Direct Phone Number”, needed to validate the appointment.

Medical Provider Name	DR WILLIAMS	Medical Provider's Most Direct Phone Number	217-222-1234
-----------------------	-------------	---	--------------

Under the “Destination Address”, enter the “Location Name” (f.e. *St. Mary’s Hospital*), “Street Number”, “Address”, and “Suite/Apt/Bldg”.

Location Name ST MARY’S HOSPITAL	
Street Number 100	Address MAIN ST
Suite/Apt/Bldg	

Enter the first letter(s), of the city in the “City” field. Click on the “Search” button and select the appropriate city from the pull-down menu. The “State” will automatically populate based on the city you select. Enter the “Zip Code”.

City <input type="text"/> <input type="button" value="Search"/> <input type="button" value="v"/>	State <input type="text"/>	Zip Code <input type="text"/>
Enter the first letter or two of the city name, then click "Search" to populate the selection box.	Destination Code <input type="button" value="Select a Destination Code v"/>	

ORIGIN / DESTINATION CODES


RESIDENCE – home, long term care, shelter or any facility that is not a medical facility.

MEDICAL SERVICE – non-hospital appointments where no specific doctor is seen.

PHYSICIAN – appointments with a specific doctor, whether at hospital, clinic or private practice.

HOSPITAL – hospital visits when not seeing a specific doctor: MRI, radiology, lab, chemo/radiation, outpatient/inpatient treatments, etc.

Destination Code	<input type="button" value="Select a Destination Code v"/>
	<div><div>Select a Destination Code</div><div>RESIDENCE</div><div>MEDICAL SERVICE</div><div>PHYSICIAN</div><div>HOSPITAL</div></div>



If the request is One-Way and “Hospital Discharge” is selected as the Trip Reason, the Pick Up and Destination information will be ‘flipped’. All fields may be edited to reflect the actual information.

With One-Way “Hospital Discharge” requests, Step 2 will look as follows:

Step 2			
Medical Provider Name	<input type="text" value="DR JONES"/>		Medical Provider's Most Direct Phone Number <input type="text" value="312-555-1414"/>
Pick Up Address	Location Name <input type="text" value="MEMORIAL MEDICAL CENTER"/>		
	Street Number <input type="text" value="100"/>	Address <input type="text" value="BROADWAY"/>	
	Suite/Apt/Bldg <input type="text"/>		
	<input type="text"/>		
	City <input type="text" value="CH"/> <input type="button" value="Search"/>	State <input type="text" value="IL"/>	Zip Code <input type="text" value="60601"/>
	<input type="text" value="CHICAGO"/>		
	Enter the first letter or two of the city name, then click "Search" to populate the selection box.		Origin Code <input type="text" value="Select an Origin Code"/>
Destination Address	Location Name <input type="text" value="RESIDENCE"/>		Phone <input type="text" value="773-555-4433"/>
	Street Number <input type="text" value="1111"/>	Address <input type="text" value="WESTERN AVE"/>	
	Suite/Apt/Bldg <input type="text"/>		
	<input type="text"/>		
	City <input type="text" value="CH"/> <input type="button" value="Search"/>	State <input type="text" value="IL"/>	Zip Code <input type="text" value="60622"/>
	<input type="text" value="CHICAGO"/>		
	Enter the first letter or two of the city name, then click "Search" to populate the selection box.		Destination Code <input type="text" value="Select a Destination Code"/>
Is the recipient travelling to any other medical location on common appointment days? <input type="radio"/> Yes <input checked="" type="radio"/> No			
<div> <input type="button" value=" << Back"/> <input type="button" value=" Next >> "/> </div>			

STEP 3 PAGE

Step 3

Private Auto Category of Service (The category of service MUST meet the medical needs of the recipient at the most economical level appropriate)

Company Search

Additional Information Non Applicable

Trip Notes: List any medical conditions, diagnoses or reasons which explain the requested category of service and/or need for attendants. Specifically explain the need for wheelchair or stretcher transport

<< Back Next >>

Select the appropriate “Category of Service” for the request.

Step 3

Private Auto Category of Service (The category of service MUST meet the medical needs of the recipient at the most economical level appropriate)

Private Auto
Taxi
Service Car
Medicar Stretcher
Medicar Wheelchair
BLS Ambulance
ALS Ambulance

Search

Non Applicable

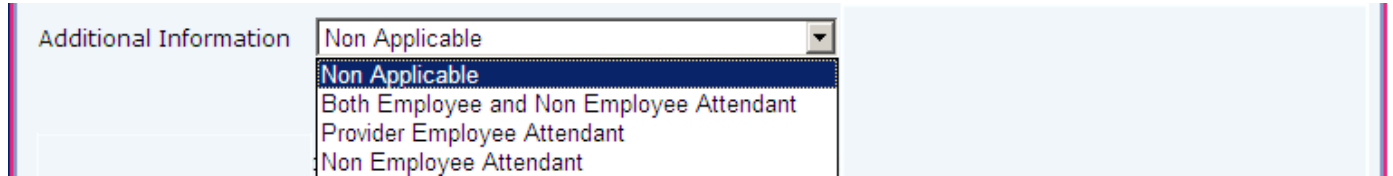
Enter the “Company”. Type in the first few letters of the desired NET Provider in the text box and click on the “Search” button. The city and phone number will display next to the name to help you differentiate between similar names or service areas.

The pull-down list will be reduced to the NET Providers that match your search criteria; click on the appropriate option. If your desired NET provider does not display, reduce the number of letters you searched for, and confirm that you have selected the appropriate Category of Service.

Company A Search

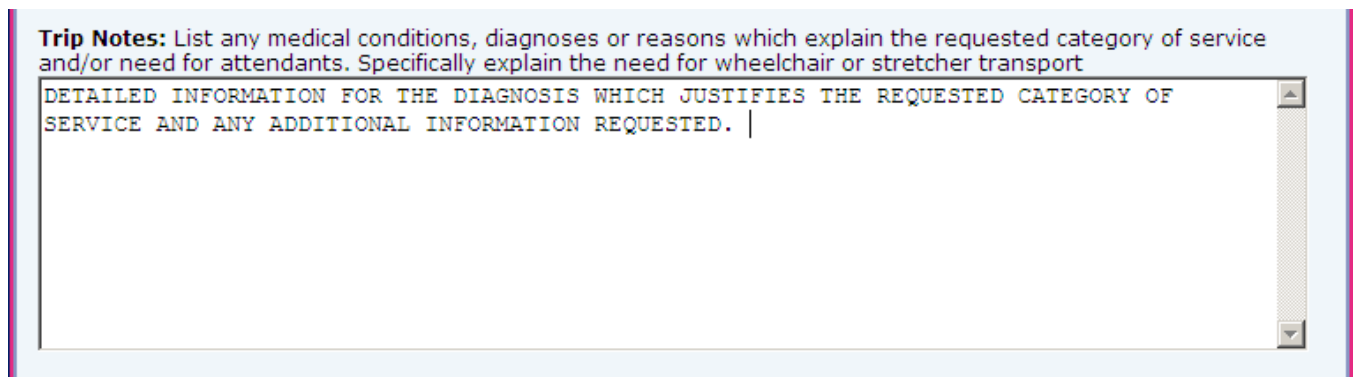
A A MEDICAR TRANSPORTATION SRV; OAK PARK; 708-8370378
A AND A TRUSTPORTATION; DOLTON; 708-6997669
A AND B UNIVERSAL SERVICES; EVANSTON; 773-4108588
A AND C TRANSPORTATION INC; SOUTH HOLLAND; 708-2504461
A AND J EASYWAY SERVICES; COUNTRY CLUB HI; 708-2882970
A AND R LIMO; ZION; 847-7313924

Select the attendants, if applicable, under “Additional Information”. “Oxygen/Supplies” will only be viewable for ALS and BLS transportation requests.

A screenshot of a web form. On the left, the text "Additional Information" is displayed. To its right is a dropdown menu. The menu is open, showing a list of options: "Non Applicable" (highlighted in blue), "Both Employee and Non Employee Attendant", "Provider Employee Attendant", and "Non Employee Attendant".

Enter the “Trip Notes” with information necessary for First Transit to complete the transportation adjudication. Information should substantiate the need for the category of service requested, and any additional information requested.

If this is the first time request, remember to provide First Assessment information, or contact First Transit to perform this assessment over the phone.

A screenshot of a web form. At the top, there is a label "Trip Notes:" followed by a description: "List any medical conditions, diagnoses or reasons which explain the requested category of service and/or need for attendants. Specifically explain the need for wheelchair or stretcher transport". Below this is a large text input area. The first line of text in the input area reads: "DETAILED INFORMATION FOR THE DIAGNOSIS WHICH JUSTIFIES THE REQUESTED CATEGORY OF SERVICE AND ANY ADDITIONAL INFORMATION REQUESTED." followed by a cursor. The text area has a vertical scrollbar on the right side.

When all the fields have been entered correctly, click on the “Next” Button.

A screenshot of a web form showing two buttons at the bottom right. The first button is labeled "<< Back" and the second button is labeled "Next >>". Both buttons are rectangular with a light gray background and a thin border.

REVIEW PAGE

The Review page allows you to verify all of the requested information entered in the previous 3 steps. If any section requires modification, click on the “*Edit Section [number]*” button.

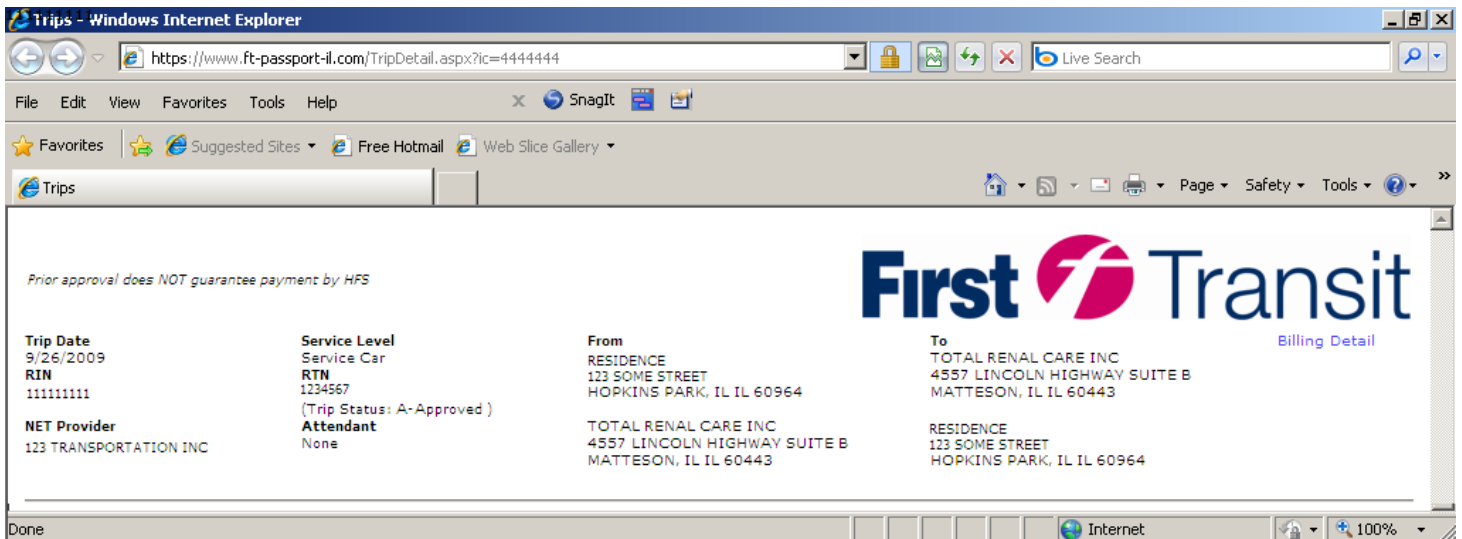
Review			
Requesting Person's Name	Test Dialysis	Requesting Organization	Test Dialysis Account
Recipient Identification Number (RIN)	123456789	Callback Phone	630 123 4567
Participant's First Name	WILLIAM	Participant's Last Name	DOE
Reason for Trip	ANEURYSM	To Date	N/A
From Date	09/16/2010	Appointment Days	Single trip
Appointment Time	9:15	Trip Type	Round-trip
Approximate Return Time	11:00		
Edit Section 1			
PU Loc Name	RESIDENCE	PU Phone	630 123 4567
PU Address	123 SOME STREET		
PU Apt / Bldg / Suite			
PU City	CHICAGO	PU County	COOK
PU State	IL	PU Zip Code	60647
Medical Provider's Name	DR. HILARY JONES	Medical Provider's Most Direct Phone Number	630 222 3333
Destination Loc Name	ST. ANTHONY'S MEDICAL CENTER		
DO Address	123 SOME MEDICAL ADDRESS		
Apt / Bldg / Suite	321		
DO City	CHICAGO	DO County	COOK
DO State	IL	DO Zip Code	60000
Edit Section 2			
Category of Service	Service Car	Company	A A MEDICAR TRANSPORTATION SRV; OAK PARK; 708-8370378
Additional Info	Non Applicable		
Trip Notes	DETAILED INFORMATION FOR THE DIAGNOSIS WHICH JUSTIFIES THE REQUESTED CATEGORY OF SERVICE AND ANY ADDITIONAL INFORMATION REQUESTED.		
Edit Section 3			
This trip will be reviewed by FT staff. Official approval or denial will be available for review in approximately 72 hours.			
Proceed to Confirm			

If all information has been entered correctly, click on the “*Proceed to Confirm*” button.

This will bring you to the below screen. Read the agreement, and click on the check box next to “I have read and understand this agreement”. Pressing the “*Save*” button will finalize the request. Note: “*Save*” will not be available until the box has been checked.

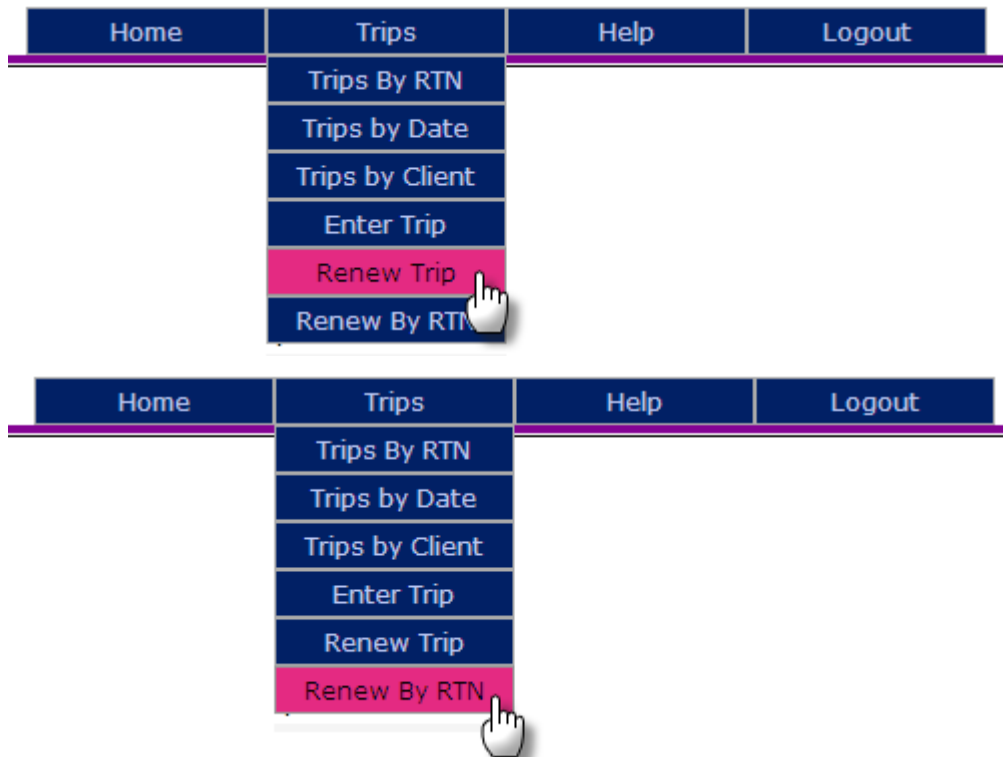
I understand if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify, under penalty of perjury, that I have obtained the information on this form from the participant (or his or her representative), and the information provided is accurate to the best of my knowledge.	
<input type="checkbox"/> I have read and understood this agreement	<< Previous Step Save

The Trip Confirmation or Trip Detail screen will appear and can be printed for the records of the PassPORT User and/or the Requesting Organization. See appendix B for details on reading this screen.



G. RENEW TRIP / RENEW BY RTN

Dialysis facilities are able to renew dialysis standing orders entered through PassPORT, if all of the information in the previously approved request remains the same and no corrections are needed.



APPENDIX A – READING THE BILLING DETAIL SCREEN

The screenshot shows a web browser window titled "Trips - Windows Internet Explorer" displaying the "First Transit" billing detail screen. The URL is https://www.ft-passport-il.com/get_TripsByRef.aspx?RIN=&TripBeginDate=&TripEndDate=&Provider=. The page displays the following information:

Participant Information:

- Name of the Participant for whom transportation is requested:** JOHN DOE
- Request Tracking Number or Reference number assigned to the request:** 1234567
- Recipient Identification Number assigned by HFS to the Participant:** 111111711
- Beginning Date of the Request:** 09/26/2009
- Date of Birth of the Participant:** 09/19/1955

Trip Details Table:

NAME	TRIP STATUS	PROC CODE	COS	ORIGIN	DESTINATION	QTY	BEGIN DATE	END DATE
A-Approved	A0120	034	R	D	13	09/26/2009	10/25/2009	
A-Approved	A0425	034	R	D	13	09/26/2009	10/25/2009	
A-Approved	A0120	034	D	D	13	09/26/2009	10/25/2009	
A-Approved	A0425	034	D	R	13	09/26/2009	10/25/2009	

Callout Boxes:

- Request Tracking Number or Reference number assigned to the request:** Points to the RTN field.
- Name of the Participant for whom transportation is requested:** Points to the NAME field.
- Recipient Identification Number assigned by HFS to the Participant:** Points to the RIN field.
- Beginning Date of the Request:** Points to the BEGIN DATE field.
- Date of Birth of the Participant:** Points to the DOB field.
- Status of the Request; may be "A-Approved", "D-Denied", or "P-Pending". Denied Requests will include a Denial Reason.** Points to the TRIP STATUS field.
- The Procedure Codes attached to the request** and **The Category of Service or Level of Service requested:** Point to the PROC CODE and COS fields.
- The Origin Code for the request:** Points to the ORIGIN field.
- The Destination Code for the request:** Points to the DESTINATION field.
- The number of trips in the request:** Points to the QTY field.
- Ending Date of the Request:** Points to the END DATE field.

Trip Detail
Prior approval does NOT guarantee payment by HFS

Note:

Approved Requests that have a negotiated rate will display an Amount on the Right Hand side of the screen.

APPENDIX B – READING THE TRIP DETAIL SCREEN

The screenshot shows the 'First Transit' Trip Detail screen in a Windows Internet Explorer browser. The URL is <https://www.ft-passport-il.com/TripDetail.aspx?ic=4444444>. The page displays trip information for a request made on 9/26/2009. The trip is for a 'Service Car' (RTN 1234567) with a status of 'A-Approved'. The trip is assigned to an attendant named 'None'. The pickup address is 'RESIDENCE 123 SOME STREET HOPKINS PARK, IL IL 60964' and the drop-off address is 'TOTAL RENAL CARE INC 4557 LINCOLN HIGHWAY SUITE B MATTESON, IL IL 60443'. The trip is provided by 'NET Provider 123 TRANSPORTATION INC'. A link to the 'Billing Detail' screen is available in the top right corner.

Callout Boxes:

- Date the Transportation took or will take place:** Trip Date 9/26/2009
- Level of Service, or Category of Service, for the request:** Service Level Service Car
- Request Tracking Number (Reference number) assigned to the request:** RTN 1234567
- Status of the Request; may be "A-Approved", "D-Denied", or "P-Pending". Denied Requests will include a Denial Reason:** (Trip Status: A-Approved)
- Link to the Billing Detail screen:** Billing Detail
- Recipient Identification Number assigned by HFS to the Participant:** RIN 111111111
- Name of the NET Provider (Transportation Company) used for the request:** NET Provider 123 TRANSPORTATION INC
- Attendants assigned to assist the Participant for this request; may be a Non-Employee or Employee Attendant, or both:** Attendant None
- The Pickup address of the first and second leg, respectively:** From RESIDENCE 123 SOME STREET HOPKINS PARK, IL IL 60964
- The Drop off address of the first and second leg respectively:** To TOTAL RENAL CARE INC 4557 LINCOLN HIGHWAY SUITE B MATTESON, IL IL 60443

APPENDIX C – TRIP REASONS

TRIP REASONS - SINGLE TRIPS

ACUPUNCTURE-NON APPROVABLE SERVICE	CANCER-SPLEEN	HEMOPHILIA
ALZHEIMER'S DISEASE	CANCER-STOMACH	HEMORRHOIDS
AMPUTATION-ARM	CANCER-TESTICULAR	HERNIA
AMPUTATION-FINGER	CANCER-THROAT	HIP-FRACTURE
AMPUTATION-FOOT	CANCER-THYROID	HIP-REPLACEMENT
AMPUTATION-LEG	CANCER-UTERINE	HIV-AIDS
AMPUTATION-TOE	CARPAL TUNNEL SYNDROME	HODGKIN'S DISEASE
ANEMIA	CATARACT	HOSPITAL ADMIT
ANEURYSM	CATHETER	HOSPITAL DISCHARGE
ANOREXIA	CELLULITIS	HTN-HYPERTENSION
AQUA THERAPY	CEREBRAL PALSY	HUMP IN BACK (KYPHOSIS)
ARTHRITIS	CHEST PAIN	HYPERGLYCEMIA
ASTHMA	CHF-CONGESTIVE HEART FAILURE	HYPERTENSION (HTN)
AUTISM	CHIROPRACTIC CARE	HYPERTHYROIDISM
BACK CONDITIONS	CIRCULATORY ISSUES	HYPOGLYCEMIA
BCHS RECOMMENDATION	CIRCUMCISION	HYPOTENSION
BELL'S PALSY	CLEFT PALATE/LIP	HYPOTHYROIDISM
BHS-ADHD	CLUB FOOT	IMMUNIZATION
BHS-AGGRESSIVE DISORDER	COLONOSCOPY	INFECTION
BHS-BIPOLAR DISORDER	CONSTIPATION	INFLUENZA
BHS-DEMENTIA	CONTRACTURES	INJECTIONS
BHS-DEPRESSION	CORONARY ARTERY BYPASS GRAFT (CABG)	IRRITABLE BOWEL SYNDROME
BHS-GROUP THERAPY	CORONARY ARTERY DISEASE (CAD)	IV INFUSION
BHS-INDIVIDUAL	CRANIAL FACIAL DEFORMITY	JAUNDICE
BHS-MENTALLY CHALLENGED	CROHN'S DISEASE	KIDNEY DISEASE/FAILURE
BHS-PHOBIA	CVA-CEREBROVASCULAR ACCIDENT/STROKE	KNEE-REPLACEMENT
BHS-PSYCHOSIS	CYSTIC FIBROSIS	LEUKEMIA
BHS-SCHIZOPHRENIA	DCFS-BHS	LIVER DISEASE
BHS-SUBSTANCE ABUSE	DEGENERATIVE JOINT DISEASE (DJD)	LIVER-CIRRHOSIS
BLADDER INFECTION	DENTAL WORK	LIVER-HEPATITIS
BLIND	DEPARTMENTAL OVERRIDE	LOU GHERIG'S DISEASE
BLOOD CLOT-EMBOLISM	DERMATOLOGY	LTC ADMIT
BLOOD DISORDER	DEVELOPMENTALLY DELAYED	LTC DISCHARGE
BRACHIAL PLEXUS INJURY	DIABETES	LUMPECTOMY
BRAIN INJURY	DIALYSIS	LUPUS
BREATHING-ASTHMA	DIARRHEA	MACULAR DEGENERATION
BREATHING-BRONCHITIS	DIFFICULTY SPEAKING-APHASIA	MASTECTOMY
BREATHING-COPD	DIFFICULTY SWALLOWING-DYSPHAGIA	MENINGITIS
BREATHING-DIFFICULTY	DIVERTICULITIS	MENOPAUSE
BREATHING-EMPHYSEMA	DIZZINESS/VERTIGO	MORBID OBESITY
BREATHING-SHORTNESS/BREATH	DYSKINESIA	MULTIPLE SCLEROSIS
BREATHING-TRACHEOTOMY	DYSTONIA	MUSCLE SPASM
BURNS	EAR INFECTION	MUSCULAR DYSTROPHY, CONGENITAL
CANCER-BLADDER	ECT AND EEC	MYASTENIA GRAVIS
CANCER-BONE	EDEMA	NECK INJURY
CANCER-BRAIN	END STAGE RENAL FAILURE/DISEASE	NEUROLOGICAL DISORDER
CANCER-BREAST	ENDOSCOPY	NEUROPATHY
CANCER-CERVICAL	ENT-EAR, NOSE & THROAT	NON-HODGKIN'S DISEASE
CANCER-COLON	EPILEPSY/SEIZURES	NOSE BLEED (EPISTAXIS)
CANCER-KIDNEY	ERB'S PALSY	OB/GYN
CANCER-LIVER	FAILURE TO THRIVE	OCCUPATIONAL THERAPY
CANCER-LUNG	FAINTING (SYNCOPE)	ORGANIC BRAIN SYNDROME
CANCER-LYMPHOMA	FAMILY PLANNING	ORTHOPEDIC PROBLEM
CANCER-METASTATIC	FIBROMYALGIA	OSTEOARTHRITIS
CANCER-ORAL/THROAT	FRACTURE (OPEN/CLOSED)	OSTEOMYELITIS
CANCER-OVARIAN	G-TUBE CHANGE	OSTEOPOROSIS
CANCER-PANCREATIC	GALL STONE EXAMINATION/REMOVAL	PAIN (INDICATE TYPE IN NOTES)
CANCER-PROSTATE	GASTROINTESTINAL CONDITION (S)	PARALYSIS
CANCER-RECTAL	GERD-GASTROESOPHAGEAL REFLUX DISEASE	PARAPLEGIA
CANCER-SKIN	GLAUCOMA	PARKINSON'S DISEASE
	GOLDENHARS SYNDROME	PHYSICAL EXAM
	GOUT	PHYSICAL THERAPY
	GUN SHOT WOUND	PINCHED NERVE
	HEADACHE	PNEUMONIA
	HEARING PROBLEM	PODIATRIST (FEET CONDITIONS)
	HEART ATTACK	POLIO
	HEART CONDITION	PRENATAL
	HEMIPLEGIA/HEMIPARESIS	PROSTATE PROBLEM

PROSTHETIC FITTING OR ADJUSTMENT
 PULMONARY PROBLEM
 QUADRIPLÉGIA
 RENAL FAILURE
 RHEUMATOID ARTHRITIS
 SASS SERVICES
 SCLERODERMA
 SEIZURE DISORDER (NEC)
 SICKLE CELL ANEMIA
 SKIN CONDITION
 SKIN GRAPH
 SLEEP DISORDER
 SPAO-CARDIAC REHAB-PHASE II
 SPAO-COPD
 SPAO-COUMADIN THERAPY
 SPAO-ECT AND EECp
 SPAO-HIGH RISK PRENATAL
 SPAO-IV INFUSION
 SPAO-OBESITY
 SPAO-PULMONARY REHAB-PHASE II
 SPAO-WOUND THERAPY
 SPEECH THERAPY
 SPINA BIFIDA
 SPINAL CORD INJURY
 SPINAL PROBLEM
 STANDING ORDER-AQUA THERAPY
 STANDING ORDER-BHS
 STANDING ORDER-CHEMOTHERAPY
 STANDING ORDER-DIALYSIS
 STANDING ORDER-OCCUPATIONAL
 STANDING ORDER-PHYSICAL THERAPY
 STANDING ORDER-RADIATION THERAPY
 STANDING ORDER-SPEECH THERAPY
 SURGERY
 T -ADHESIVE CAPSULITIS SHOULDER-39
 T -AIDS NEUROLOGICAL INVOLVEMENT-26
 T -AMPUTATION-39
 T -AMYOTOPIC LATERAL SCLEROSIS-26
 T -ANKYLOSING SPONDYLITIS-39
 T -ANOXIC BRAIN INJURY-39
 T -ARTHROGYPOSIS-39
 T -BRACHIAL PLEXUS LESION-39
 T -BRAIN TUMOR-39
 T -CARPAL TUNNEL SYNDROME-26
 T -CENTRAL CORD SYNDROME-39

T -CEREBELLAR ATAXIA-26
 T -CEREBROVASCULAR ACCIDENT-39
 T -CLOSED HEAD INJURY-39
 T -COMMULATIVE TRAUMA-39
 T -COMPRESSION SYNDROME-39
 T -DEGENERATIVE JOINT DISEASE -39
 T -DEGLOVING INJURY -39
 T -DEQUERVIAN'S DISEASE-39
 T -DERMATOMYOCITIS -39
 T -DIABETES NEUROLOGICAL-26
 T -DUPUYTREN'S PARALYSIS-39
 T -ENCEPHALOPATHY -26
 T -ERBS PALSY-39
 T -FACIAL AND TRUNK BURNS -39
 T -FACIAL/TRUNK RECON SURGERY-39
 T -FRACTURE OF VERTEBRAL COLUMN-8
 T -GUILLAIN BARRE SYNDROME-26
 T -HEMIPARESIS-39
 T -HEMIPLEGIA-39
 T -HYPERTONIA-39
 T -HYPOTONIA-39
 T -INCOMP CAUDA EQUINA SYNDROME-39
 T -JUVENILE RHEUMATOID ARTHRITIS-39
 T -KLUMPKE'S PARALYSIS-39
 T -LUPUS ERYTHEMATOSIS-39
 T -LYMPHEDEMA-39
 T -MENINGITIS-26
 T -MULTIPLE FRACTURES-39
 T -MULTIPLE SCLEROSIS-26
 T -MUSCLE RUPTURE-39
 T -MUSCULAR DYSTROPHY-39
 T -MYASTHENIA GRAVIS-26
 T -OSTEOARTHRITIS-39
 T -PARAPLEGIA, PARAPARESIS-39
 T -PARKINSONS DISEASE-26
 T -PERIPHERAL NERVE INJURY-39
 T -POSTPOLIO SYNDROME-26
 T -PSORIATIC ARTHRITIS -39
 T -QUADRIPLÉGIA, QUADRIPARESIS-39
 T -REFLEX SYMPATHETIC DYSTROPHY-39
 T -RHEUMATOID ARTHRITIS-39
 T -ROTATOR CUFF-39
 T -SCLERADERMA-39
 T -SENSORY INTEGRATIVE DYSFNCTION-39
 T -SHOULDER DISLOCATION-39
 T -SHOULDER GLENHUMERAL FRACTURE-39

T -SINGLE FRACTURE WRIST/ARMS-39
 T -SPINAL RADICULOPATHY-39
 T -SPINAL STENOSIS-39
 T -SPINOCEREBELLAR DEGENERATION-26
 T -SUBARACHNOID HEMORRHAGE-39
 T -SYRINGOMYELIA-26
 T -TENDON REPAIR-26
 T -TENDONITIS-26
 T -UPPER EXTREMITY BURNS-39
 T -UPPER EXTREMITY JOINT CONT-39
 T -UPPER EXTREMITY RECON SURGERY-39
 TEST-BLOOD DRAW
 TEST-CAT SCAN
 TEST-COUMADIN
 TEST-ECHO CARDIOGRAM
 TEST-EEG
 TEST-EKG
 TEST-MAMMOGRAM
 TEST-MRA
 TEST-MRI
 TEST-PRE-OP
 TEST-SLEEP STUDY
 TEST-SWALLOW STUDY
 TEST-ULTRASOUND
 TEST -X-RAY
 THROMBOPHLEBITIS
 THYROID PROBLEM
 TORN LIGAMENTS
 TOURETTE'S SYNDROME
 TRANSPLANT-BONE MARROW
 TRANSPLANT-ORGANS
 TUBERCULOSIS
 TUMOR
 ULCER-DECUBITUS
 ULCER-DIABETIC
 ULCER-GASTRIC
 ULCER-LOWER EXTREMITY
 URINARY TRACT INFECTION
 UROLOGICAL PROBLEM
 VARICOSIS
 VISUAL IMPAIRMENT
 WELL CHILD CARE
 WIC NON-APPROVABLE
 WOUND CARE

TRIP REASONS – RECURRING TRIPS

DEPARTMENTAL OVERRIDE

STANDING ORDER -AQUA THERAPY

STANDING ORDER -BHS

STANDING ORDER-CHEMOTHERAPY

STANDING ORDER-DIALYSIS

STANDING ORDER-OCCUPATIONAL

STANDING ORDER-PHYSICAL THERAPY

STANDING ORDER -RADIATION THERAPY

STANDING ORDER-SPEECH THERAPY

T -ADHESIVE CAPSULITIS SHOULDER-39

T -AIDS NEUROLOGICAL INVOLVEMENT-26

T -AMPUTATION-39

T -AMYOTOPIC LATERAL SCLEROSIS -26

T -ANKYLOSING SPONDYLITIS -39

T -ANOXIC BRAIN INJURY-39

T -ARTHROGYPOSIS -39

T -BRACHIAL PLEXUS LESION-39

T -BRAIN TUMOR-39

T -CARPAL TUNNEL SYNDROME-26

T -CENTRAL CORD SYNDROME-39

T -CEREBELLAR ATAXIA -26

T -CEREBROVASCULAR ACCIDENT -39

T -CLOSED HEAD INJURY -39

T -COMMULATIVE TRAUMA-39

T -COMPRESSION SYNDROME-39

T -DEGENERATIVE JOINT DISEASE-39

T -DEGLIVING INJURY-39

T -DEQUERVIAN'S DISEASE -39

T -DERMATOMYOCITIS-39

T -DIABETES NEUROLOGICAL-26

T -DUPUYTREN'S PARALYSIS -39

T -ENCEPHALOPATHY-26

T -ERBS PALSY-39

T -FACIAL AND TRUNK BURNS-39

T -FACIAL/TRUNK RECON SURGERY -39

T -FRACTURE OF VERTEBRAL COLUMN-8

T -GUILLAIN BARRE SYNDROME-26

T -HEMIPARESIS-39

T -HEMIPLEGIA-39

T -HYPERTONIA-39

T -HYPOTONIA-39

T -INCOMP CAUDA EQUINA SYNDROME-39

T -JUVENILE RHEUMATOID ARTHRITIS-39

T -KLUMPKE'S PARALYSIS-39

T -LUPUS ERYTHEMATOSIS-39

T -LYMPHEDEMA-39

T -MENINGITIS -26

T -MULTIPLE FRACTURES -39

T -MULTIPLE SCLEROSIS-26

T -MUSCLE RUPTURE-39

T -MUSCULAR DYSTROPHY-39

T -MYASTHENIA GRAVIS -26

T -OSTEOARTHRITIS-39

T -PARAPLEGIA, PARAPARESIS-39

T -PARKINSONS DISEASE-26

T -PERIPHERAL NERVE INJURY-39

T -POSTPOLIO SYNDROME-26

T -PSORIATIC ARTHRITIS-39

T -QUADRIPLEGIA, QUADRIPARESIS-39

T -REFLEX SYMPATHETIC DYSTROPHY-39

T -RHEUMATOID ARTHRITIS -39

T -ROTATOR CUFF -39

T -SCLERADERMA-39

T -SENSORY INTEGRATIVE DYSFNCTION-39

T -SHOULDER DISLOCATION-39

T -SHOULDER GLENHUMERAL FRACTURE-39

T -SINGLE FRACTURE WRIST/ARMS-39

T -SPINAL RADICULOPATHY-39

T -SPINAL STENOSIS-39

T -SPINOCEREBELLAR DEGENERATION-26

T -SUBARACHNOID HEMORRHAGE-39

T -SYRINGOMYELIA-26

T -TENDON REPAIR-26

T -TENDONITIS-26

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